

# APPLICATION FOR SERVICE ACADEMY NOMINATION

U.S. Senator Al Franken

Class 2014  
(Summer 2010 entry)

## **Personal Information**

Full Name (Last, First, Middle): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex (Male/Female): \_\_\_\_\_ U.S. Citizen (Yes/No): \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Temporary Mailing Address (If Applicable): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

## **Academy Preferences**

(Rank your academy preferences with 1, 2, 3, and 4)

West Point \_\_\_\_\_ Naval \_\_\_\_\_ Air Force \_\_\_\_\_ Merchant Marine \_\_\_\_\_

## **Parent(s) or Guardian(s) Information**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Academic Information**

High School: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

Class Rank: \_\_\_\_\_ Number in Class: \_\_\_\_\_ GPA: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

ACT: English \_\_\_\_\_ Math \_\_\_\_\_ Reading \_\_\_\_\_ Science \_\_\_\_\_ Composite \_\_\_\_\_

SAT: Math \_\_\_\_\_ Verbal \_\_\_\_\_ Dates Taken: ACT \_\_\_\_\_ SAT \_\_\_\_\_

College (If Applicable): \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Attendance: From \_\_\_\_\_ to \_\_\_\_\_ GPA: \_\_\_\_\_

Military Service, if any (include branch, rank, service number, and length of service):

**Medical Information:**

Have you had asthma or other respiratory ailments? (Yes/No) \_\_\_\_\_

If yes, age at last occurrence:

\_\_\_\_\_

Do you require corrective lenses? (Yes/No) \_\_\_\_\_

**Authorization for Release of Information**

I release this information to the office of Senator Al Franken for use in the Service Academy nomination process. If I am selected for a nomination, I authorize Senator Franken to release my name as a nominee in press releases and other public documents.

Signature (student): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (parent/guardian): \_\_\_\_\_ Date: \_\_\_\_\_

### **Extracurricular Activities**

*Please list your involvement in school and community activities in the listed categories. Include information relative to offices held, awards and honors received and dates of participation. Please type or print neatly and attach one additional sheet if necessary.*

Athletics:

Music and Drama:

School Activities, Societies, Clubs, and Offices Held:

Scholastic Awards and Honors:

Community Service/Volunteer Work:

Employment and Other activities you consider important: